

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP	IND	DEP
	IND	DEP	IND	DEP	IND	DEP				
1	1						51			
2		1					52			
3			2				53			
4			1				54			
5			1				55			
6			1				56			
7			1				57			
8			1				58			
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42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	1						TOTAL IND.			
TOTAL DEP.		8					TOTAL DEP.			
TOTAL CLAIMS	9						TOTAL CLAIMS			